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PATENT APPLICATION FEE DETERMINATION RESERD Application or Docket Numbursting Substitute for Form PTO-875 Application or Docket Numbursting Substitute for Form PTO-875											2X
APPLICATION AS FILED PART I (Column 1) (Column 2)							SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
	FOR	NUMBI	BER FILED . NUMBI		R EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BAS (37 C	IC FEE FR 1.16(a), (b); or (:))	√/A	1	WA .]	N/A			N/A	
	RCH FEE FR 1.16(k), (1), or (n	y)	√A.		VA.		N/A ,	: .		N/A	
	MINATION FEE FR 1.16(0), (p), or (20)	WA .		N/A		N/A			N/A	
	AL CLAIMS FR 1.16(i))		minus 20) = •		1	× 25. =		OR	× 50 =	
IND	PENDENT CLAI	MS	minus 3		· · · · · · · · · · · · · · · · · · ·	1	x 105 =			× 210 =	
APP FEE	LICATION SIZE	sheets of is \$260 (\$ additiona	If the specification and drawings exceed sheets of paper, the application size fee is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(:	'		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))] :	185			3₹0	
• If ti	ne difference in o	olumn 1 is less tha	1 is less than zero, enter "0" in column 2.			•	TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))	93	Minus	100			× 25 =	· .	OR	х бо =	
	Independent (37 CFR 1,16(h))	10	Minus	01 "	= /.		x 105 =		OR	x 210 =	
	Application Size Fee (37 CFR 1.16(s))				• •	┨	105			270	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR	340 NOTAL	<u> </u>
	·			•		ADD'L FEE		OR	ADD'L FEE		
(Column 1) (Column 2) (Column 3)											
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(1))		Minus	**	=		x 15 =		OR	× 50 =	
	independent (37 CFR 1.16(h))	•	Minus	***	=		× 105 =		OR	× 210 =	
						-	185			370	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					L	11.		OR	3 70 N/A	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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